

Aubrey ISD

Request for Proposal

Property/Casualty

Package includes:

- Bid Specifications
 - Underwriting Data
 - Proposal Response Forms
-

Table of Contents

Section 1

General Information	1
General Conditions	1
Minimum Qualifications	3

Section 2

Underwriting Information	4
General Underwriting Questions/Answers	4

Section 3

Coverage Specifications	5
Part I: Property and Contents	5
Part II: General Liability, Personal Injury Liability and	7

Employee Benefits Liability Coverages	
Part III: Professional Legal Liability	8
Part IV: Automobile Liability & Physical Damage Coverage	9
Part V: Blanket Crime Coverage (Public Employee Blanket Bond)	10
Part VI: Equipment Breakdown Coverage	11
Part VII: Bonds	12

Section 4

Proposal Response Forms	13
Company Information	13
Part I: Property and Contents	14
Part II: General Liability, Personal Injury Liability & Employee Benefits Liability	15
Part III: Professional Legal Liability	15
Part IV: Auto Liability & Physical Damage including Hired & Non-owned Vehicles	17
Part V: Crime Coverage	18
Part VI: Equipment Breakdown Coverage	18
Part VII: Bonds	19
Felony Conviction Notice	20

Section 5

Exhibits	21
Exhibit I – Covered Property	21
Exhibit II – 5 year Property Loss Runs	22
Exhibit III – 5 year General, Personal Injury & Employee Benefits Liability Loss Runs	23
Exhibit IV – 5 year Professional Legal Liability Loss Runs	24
Exhibit V – Schedule of Vehicles and Bus Seating Capacities	25
Exhibit VI – 5 year Vehicle Loss Runs	26
Exhibit VII – 5 year Crime Loss Runs	27
Exhibit VIII – Schedule of covered Equipment	28
Exhibit IX – 5 year Equipment Breakdown Loss Runs	29
Exhibit X – 5 year Tax Assessor Bond Loss Runs	30
Exhibit XI – 5 year Other Bond Loss Runs	31

Section

1

General Information

General Conditions

- A. This Aubrey Independent School District is requesting proposals for the following property/casualty coverages.

Building & Contents	Property Equipment Breakdown Flood & Earthquake Scheduled Property (Floaters), Inland Marine Electronic Data Media/Equipment Protection Extra Expense
--------------------------------	--

Liability	General Liability Personal Injury Liability Employee Benefits Liability Automobile Liability School Professional Legal Liability
------------------	--

Automobile & Mobile Equipment Physical Damage	Vehicles Mobile Equipment
--	------------------------------

Crime	Dishonesty Faithful Performance Money & Securities
--------------	--

- B. Proposers may quote several plan options as long as each option is fully explained. All relationships between your company and any company offering coverage must be revealed, as well as any commission payments or fees that will be paid to the Proposer as a result of this bid award.
- C. Proposers are expected to examine the complete RFP document. Failure to do so will be at the proposer's risk. Written questions about this RFP and requests for additional information shall be requested no later than June 22nd, 2009 (10:00 a.m.) to the Purchasing Department, Attn: Dr. James Monaco, 415 Tisdell Ln, Aubrey, Texas, 76227 or you may fax your request to (940)365-2627. The district will not respond to verbal inquiries.
- D. Proposers must submit one original and 2 copies (**3 complete sets**) of the proposal.
- E. Proposals will be received until 10:00 AM on June 30, 2009, at the District office. The mailing address of this office is 415 Tisdell Ln, Aubrey, TX 76227.

- F. Proposals must be plainly marked on the outside of the envelope: "SEALED PROPOSAL FOR PROPERTY/CASUALTY COVERAGE."
- G. The district reserves the right to accept or reject any or all proposals, waive any formalities and/or technicalities in the proposal and award the contract to best serve the interests of the District. The district may negotiate with proposers as deemed advisable or necessary.
- H. All Proposals must be submitted on the **Proposal Forms** attached hereto, in accordance with all specified conditions. Coverage shall be for one year beginning September 1, 2009 and the rates quoted shall be guaranteed for that period. Multiple year proposals may be offered as an additional option and must be fully explained.
- I. Any plan of coverage that offers increased protection from the requirements in the specifications will be welcomed, but must be submitted separately as an alternate proposal.
- J. Any restrictions, deviations or other modifications which alter or reduce coverage as specified in this RFP must be shown separately and explained in writing. Failure to attach an explanation of deviations to this proposal will indicate your acceptance of the specifications as written.
- K. Proposers are required to submit specimen coverage documents, agreements, and/or contracts the district will be required to sign in order to purchase the coverage quoted.
- L. Please indicate the method for payment and any optional methods that may be available.
- M. It is the intent of the District to award the proposal to one carrier who can provide all lines of coverage as a package. Preference will be given to packaged proposals, however, final purchasing decisions will be made based on the options that are most advantageous to the district. In addition to package pricing, please indicate if monoline pricing is available.
- N. The successful proposer will agree to accept the final adjusted values at the coverage anniversary date.
- O. Due care and diligence have been used in the preparation of these specifications and the information contained herein is believed to be substantially correct. However, the responsibility for determining the full extent of the exposure and the verification of all information presented herein shall rest solely on the proposer. The district and its representatives will not be responsible for any errors and omissions in the specifications nor for the failure on the part of the proposer to determine the full extent of the exposures.
- P. Quotations shall be based on the underwriting information furnished by the District. Loss data is believed to be correct but is not warranted. If inspections are required, please coordinate them through the Business Office by calling Dr. James Monaco.

Minimum Qualifications

- A. Proposers responding to this RFP must be licensed and/or authorized to do business in Texas and have at least 5 years experience writing property/casualty coverage in Texas. Proposer qualifications must be included as an exhibit to your proposal.
- B. Proposers must attach a brief biography describing the experience of the person assigned to handle this account.

- C. Submit a summary of all property/casualty services available to the district. Indicate charges for services that are in addition to the quoted contributions/premiums.
- D. Proposers must have an Errors and Omissions policy with a minimum limit of \$1,000,000 per occurrence. Attach proof of coverage to your proposal.
- E. Self-funded programs or plans organized under the terms of the Interlocal Cooperation Act (Chapter 791, Title 7, Government Code) shall be accepted provided the program offers coverages that are equivalent to a fully insured program. Your most recently audited financial statement must be included with the proposal.

Section

2

Underwriting Information

General Underwriting Questions/Answers

Does the applicant have a risk manager on staff or someone in that capacity? If yes, include name and phone here:	Y	N ☐
Has the board implemented specific loss control policies?	Y	N ☐
Is there a swimming pool at any location?	Y	N ☐
Do you operate a day care center?	Y	N ☐
- If yes, is the center for children of employees and students or can the general public utilize the center?	Y	N ☐
- Is the center operated by paid employees?	☒ Y	N ☐
Does the applicant receive money from concessions? If yes, amount \$_____ (excludes money received by PTA, booster clubs, etc.)	Y	N ☒
Does the applicant own or lease any watercraft?	Y	N ☒
Does the applicant own any aircraft?	Y	N ☒
Does the applicant charter any aircraft in excess of four seats?	Y	N ☒
Does the applicant loan or lease property to others for activities other than school activities?	Y	N ☐
- If yes, what type of activities? AAYSA, Churches, etc	Y	N ☐
- Are certificates of insurance required from lessee?	Y	N ☐
Is the applicant engaged in any joint venture with another entity?	Y	N ☒
- If yes, what is the nature of the joint venture?	Y	N ☐

Does the applicant use armed security guards or police in any capacity?	Y	N
- If yes, are they certified by Texas Commission of Law Enforcement Officer Standards & Education (TCLEOSE)	Y	N
Is the applicant a member of a co-op? If yes, include name here:	Y	N ☐
Does applicant have an on-site physician(s) or clinic?	Y	N ☐
Does the applicant have a team physician(s)? If yes, how many?	Y	N ☐
- Do the physicians volunteer their time?	Y	N ☐
- Are the physicians paid? If yes, on what basis? Per services	Y	N
- Do you have a contract with the physician(s)?	Y	N ☐
Enter the total expenditures for the current fiscal year, for all construction work, services (cleaning, lawn, etc.) and any other work to be performed by private contractors on behalf of the applicant. \$ 510,000.00		
Enter the estimated annual attendance at outdoor stadium events: 700 +		

Section

3

Coverage Specifications

1. **Property covered** See attached Exhibit I.
2. **Policy Limits** \$ 77,026,700 State if co-insurance limit represents 90% or 100% of total value.
3. Blanket coverage on buildings, contents and auxiliary structures at all locations including on-site improvements such as fences, light poles, and bleachers.
4. **Basis of Recovery** Full Replacement Cost
5. **Deductibles** \$ 2,500 per occurrence (except \$10,000 on wind & hail)

List options desired: \$ 10,000 per occurrence

6. **Extra Expense** \$ _include_ per occurrence
7. **Automatic Coverage on newly acquired Property:** \$1,000,000 limits for up to 90 days
8. **Scheduled Property Floater** (Classifications of Property: band equipment, computer equipment, office equipment, electronic and audio/visual equipment, agricultural equipment, valuable papers, etc.). Mobile equipment coverage should be priced with Automobile Physical Damage coverage.

- a. **Type of Coverage** All Risk
- b. **Basis of Loss Recovery** Full Replacement Cost

Classification	Classification	Limit Deductible(s)
\$__Blanket_____	\$_____	per occurrence
\$_____	\$_____	per occurrence
\$_____	\$_____	per occurrence

Total Policy Limit \$_____

1. **Loss History** (past five years) See attached Exhibit II
2. **Electronic Data Protection for owned computer equipment**

- a. **Type of Coverage** All Risk coverage
- b. **Basis of Recovery** Full Replacement Cost
- c. **Total Policy Limits** \$ 1,000,000

1. Single blanket coverage for all locations requested **OR**
2. Limit per location:

\$__N/A_____	Location A
—	
\$_____	Location B
\$_____	Location C
\$_____	Location D

- d. **Deductibles**

_____	per occurrence
(list options desired)	_____ per occurrence
- e. **Property-In-Transit** Blanket Limits
- f. **Property at unscheduled locations** Blanket Limits
- g. **Automatic Coverage for Storage of Duplicates**

Up to 20% at each location not to exceed \$50,000
- h. **Reproduction of Data** Blanket Limits
- i. **Repair or Replace Media** Blanket Limits

Security: Underwriting Information

Are security personnel employed or used by district?

If yes, # of personnel with arrest powers _____ # of personnel carrying firearms _____

Y

N



Does security personnel patrol facilities? City Police	☒	N
List any security measures such as burglar alarms, security lighting, etc.:		

Fire Protection: Underwriting Information

Are fire hydrants located on or across the street from each campus?	Y	N
Are fire alarm systems located in all buildings?	Y	N
Is the fire department paid or voluntary?	Y	N
Is the applicant located in a town of less than 15,000 population?	Y	N
- If yes, is the applicant within five miles of a town with a population of more than 15,000?	Y	N ☐
- If yes, will that city's fire department respond to a fire at all your locations?	Y	N
Does the applicant have a hooded ventilating system in the kitchen?	Y	N
Does the applicant have a contract for hood-cleaning services? - If yes, how often does the contractor clean the hood?	Y	N

Building Maintenance / Occupancy: Underwriting Information

Does the applicant have any buildings 30 years or older?	Y	N
- If yes, has the wiring been updated?	☒	N
Are any owned or leased buildings being used for purposes other than their intended use?	Y	N ☐
Are any owned or leased buildings controlled by the applicant currently vacant or unoccupied?	Y	☒
Any owned or leased buildings controlled by the applicant being leased to a third party?	Y	☒

Part II: General Liability, Personal Injury Liability and Employee Benefits Liability Coverages

1. Limits of Liability: \$1,000,000 per occurrence, no annual aggregate.
2. Pays expenses, including judgments and defense costs.
3. Provides coverage for care, custody, and control.
4. Includes incidental medical malpractice.
5. Provides coverage for libel, slander and defamation of character.
6. Covers premises liability, advertising liability, and products liability on a per occurrence form.
7. Persons Covered/Insured **must** include the school district, any trustees, school board members or employees of the district, student teachers, school volunteers and aides.
8. Claims arising out of the negligent act, error, or omission of the district and/or its employees relative to the administration of employee benefit programs must be included.

9. Loss History (past five years): See attached Exhibit III.

Part III: Professional Legal Liability

1. Provides protection for elected officials, appointed board members, administrators, teachers, substitute teachers, student teachers, and all other employees (including volunteers) who were, are, or shall be employed by the district.
2. Limits of Liability: \$1,000,000 per occurrence

\$1,000,000 annual aggregate

3. Deductible: \$2,500 or \$5,000
4. Coverage Form: Claims Made Basis
5. The company will pay all sums to which the Program Participants shall become legally obligated to pay on any claim first made against them during the policy period.
6. The company shall defend civil suits against the Program Participants alleging a Wrongful Act including but not limited to civil rights - Section 1983, discrimination, sexual abuse, sexual harassment and sexual molestation claims.
7. A claim shall include demand received by the Program Participants for money, services or nonpecuniary relief. This shall include the service of suit or institution of arbitration proceedings against the Insured.
8. Claims expenses shall include attorney fees and all other fees, costs and expenses arising from defense of any claim.
9. The company will pay all premiums on bonds to release attachments for an amount not in excess of the applicable limit of liability of the policy.
10. Either professional legal liability or general liability coverages must cover claims arising out of corporal punishment or student discipline.
11. Limits of coverage will not be reduced by the payment of defense costs (defense in addition to limits).
12. Cancellation by either the proposing organization or the District will be subject to the terms and conditions of the contractual agreement or ten (10) days in the case of nonpayment.
13. Please provide an explanation of any **Prior Acts** coverage that will be quoted.
14. **Extended Discovery Period** must be offered.
15. Loss History (past five years): See attached Exhibit IV.

Part IV: Automobile Liability and Physical Damage Coverage

1. Schedule of Vehicles, Bus Seating Capacities, & Values: See attached Exhibit V.
2. Minimum Liability Limits & Coverage desired:

- | | | |
|---------------------|---------------------------|---------------------------|
| a) Bodily Injury: | \$100,000 each person | \$300,000 each occurrence |
| b) Property Damage: | \$100,000 each occurrence | |

3. Optional Liability Limits - \$1,000,000 Combined Single Limits
4. Hired and non-owned vehicle coverage shall be excess over any other valid and collectible insurance.
5. Physical Damage coverage (list deductible options desired): *
 - a) Collision \$ _ACV_ and \$ _500___ deductible
 - b) Comprehensive \$ _ACV_ and \$ _500___ deductible **or**
 - c) Specified Perils
(Fire, Theft and CAC
coverage) \$ _ACV_ and \$ _500___ deductible

*Districts must choose either comprehensive or specified perils coverage

6. Fleet Automatic Coverage: Subject to audit, it is agreed that automatic coverage is provided for substitute and newly acquired automobiles (cars, trucks, trailers and buses) for the same coverage provided for all similar type automobiles.
7. Loss History (past five years): See attached Exhibit VI.

Automobile Liability & Physical Damage: Underwriting Information		
Are any transportation operations contracted to another? If yes, include name of contractor:	Y	N
Are owned vehicles used by security personnel?	Y	N
How often do you run Motor Vehicle Reports on district drivers? __When employees are employed		
Where are the vehicles housed and what is the total value of vehicles at each location? \$215,092.00 Located at campuses		

Part V: Blanket Crime Coverage (Public Employee Blanket Bond)

1. Coverage will include employee dishonesty, loss inside and outside the premises for money and securities and faithful performance on a blanket basis.
2. \$ _100,000___ Blanket Limit.
3. \$ __1,000___ Deductible.
4. Loss History (past five years): See attached Exhibit VII.

Blanket Crime Coverage (Public Employee Blanket Bond): Underwriting Information		
Total number of locations occupied by the district: _____6_____		
Total number of locations at which money or securities are handled: _____6_____		
How frequently are audits made? _____annually_____		
Are they made by an independent auditor or CPA? CPA	Y	N

Are countersignatures required?	Y	N
Are securities subject to joint control of two or more responsible employees?	Y	N
Number of employees and board members who handle money or securities, sign checks, authorize drafts, or audit accounts on a regular basis: _____6_____		
Number of clerical personnel not listed above: _____10_____		
Number of all other employees: _____		
What is the Average Daily Attendance (ADA) reported to TEA? _____96.4_____		

Part VI: Equipment Breakdown Coverage

Covered equipment unless otherwise indicated, includes electrical, mechanical and pressure equipment. It includes both Real Property, such as heating, cooking and electrical systems, and Personal Property, such as office and process equipment.

- | | | |
|-----|--|---|
| 1. | Property Covered | See attached Exhibit VIII. |
| 2. | Type of Coverage | Comprehensive |
| 3. | Policy Limits | Equal to property limits, not to exceed \$100,000,000 |
| 4. | Deductible | \$1,000 per occurrence |
| 5. | Basis of Recovery | Repair or Replacement |
| 6. | Stipulated Time for Repair or Replacement: 24 months | |
| 7. | Automatic Coverage for new locations | 90 days |
| 8. | Loss History (past five years) | See attached Exhibit IX. |
| | <u>Equipment Breakdown Coverage:</u> | additional (minimum) limits |
| 9. | Expediting Expense | \$250,000 per occurrence |
| 10. | Hazardous Substance Cleanup | \$250,000 per occurrence |
| 11. | Water Damage | Included in Coverage Limit |
| 12. | Ammonia Contamination | Included in Coverage Limit |
| 13. | Consequential/ Perishable Goods Damage | \$100,000 per occurrence |
| 14. | Extra Expense (24 hours) | Included in Coverage Limit |

Blanket Crime Coverage (Public Employee Blanket Bond): Underwriting Information

1.
2.
3.
4.

Part VII: Bonds

NOT APPLICABLE

1.

Tax Assessor Bond

(Name of Employee)

\$_____ Limits

Five-Year Loss History: See attached Exhibit X.
2.

Other Bonds

(Name of Employee)

Type of Bond _____

Limits Needed \$ _____

Five Year Loss History: See attached Exhibit XI.

Section

4

Proposal Response Forms

Company Information

Name of your company:

Address:

Primary business:

Type of company:

(corp., partnership, etc.): _____

Year started in business:

Number of years administering

Workers' Compensation in

Texas: _____

Proposers must include in the proposal a notice as to whether the person submitting the bid or an owner or operator of the business entity has been convicted of a felony and the description of the

conduct resulting in the conviction. The contract may be terminated if it is determined that the person or business entity failed to give notice or misrepresented the conduct resulting in the conviction.

The proposer, in compliance with the invitation for proposal on property/casualty coverage, having examined the specifications and being familiar with all conditions in the specifications, hereby proposes to provide the coverages in accordance with the proposal documents on the attached response sheets.

"The undersigned affirms that they are duly authorized to execute this contract, that this company, corporation, firm, partnership or individual has not prepared this proposal in collusion with any other Proposer, and that the contents of this proposal as to prices, terms or conditions of said proposal have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this proposal."

Having reviewed the specifications, we have complied with all requirements and conditions except as noted on proposal response forms in the section labeled "Deviations."

Signature and title of authorized
representative

Proposing Company

Date

Part I: Property and Contents

Property and Contents Coverage

Limit \$ _____

Limit \$ _____

Deductible \$ _____

Deductible \$ _____

Total Cost \$ _____

Total Cost \$ _____

Total Scheduled Property Floaters

Limit \$ _____

Deductible \$ _____

Total Cost \$ _____

Name of Company offering coverage: _____

DEVIATIONS from proposal specifications:

Part II: General Liability, Personal Injury Liability and Employee Benefits Liability>

Limit \$1,000,000

Deductible \$_____

Total Cost \$_____

Name of Company offering coverage: _____

DEVIATIONS from proposal specifications:

Part III: Professional Legal Liability

Limit \$_____

Deductible \$_____

Total Cost \$_____

Name of Company offering coverage: _____

DEVIATIONS from proposal specifications:

Please respond to the following questions as they relate to the School Professional Legal Liability coverage proposed. Please specify if there are any SUBLIMITS, otherwise it will be assumed full policy limits are available:

1. Who are the "covered persons" or "named insured?"
2. Is Prior Acts coverage provided as part of the basic coverage? If so, what is the retroactive date?
3. In corporal punishment/student discipline covered?
4. Under what terms is "tail" coverage available when either the insured or insurer cancels or nonrenews? How long is the reporting period and what is the cost?
5. Does the policy cover non-pecuniary relief? If so, are there any sublimits for either defense costs or damages? If sublimits apply, please stipulate.
6. Are board members/employees covered as they serve on other boards within the course and scope of their employment (i.e. , would coverage extend to a superintendent as he/she served on a Special Education Cooperative)?
7. Are claims alleging discrimination covered (e.g., 1983 Civil Rights violation)? If so, what is the Limit of Liability?
8. Is sexual misconduct (i.e. , harassment), sexual abuse and molestation covered? If so, are there sublimits?
9. Does the coverage pay on behalf of or indemnify?

10. Are defense costs within limits or in addition to?
11. Please explain the notice of claim provision and what constitutes a "demand."
12. What provisions are there if the insured refuses to consent to settle?
13. Does the insured have to have the Company's consent to incur expenses?

Part IV: Auto Liability and Physical Damage Including Hired and Non-owned Vehicles

Automobile Liability Coverage

1. **Minimum** Limits: \$100,000 / \$300,000 / \$100,000

Deductible	\$250	\$500	\$1000
Cost	\$_____	\$_____	\$_____
2. **Optional** Limits: \$1,000,000 Combined Single Limits (if desired)

Deductible	\$250	\$500	\$1000
Cost	\$_____	\$_____	\$_____

Physical Damage Coverage

Deductible	\$250	\$500	\$1000
Comprehensive	\$_____	\$_____	\$_____
Specified Perils	\$_____	\$_____	\$_____
Collision	\$_____	\$_____	\$_____

Name of Company offering coverage: _____

DEVIATIONS from proposal specifications:

Part V: Crime Coverage

Limit \$_____

Deductible \$_____

Total Cost \$_____

Name of Company offering coverage: _____

DEVIATIONS from proposal specifications:

Part VI: Equipment Breakdown Coverage

Limit \$ _____

Deductible \$ _____

Total Cost \$ _____

Name of Company offering coverage: _____

DEVIATIONS from proposal specifications:

Part VII: Bonds

Tax Assessor Bond

Limit \$ _____

Total Cost \$ _____

Name of Company offering coverage: _____

DEVIATIONS from proposal specifications:

Other Bonds

Type of Bond: _____

Limit \$ _____

Total Cost \$ _____

Name of Company offering coverage: _____

DEVIATIONS from proposal specifications:

Felony Conviction Notice

State of Texas Legislative Senate Bill No. 1, Section 44.034, Notification of Criminal History, Subsection (a), states "a person or business entity that enters into a contract with a school district must give advance notice to the district if the person or an owner or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony."

Subsection (b) states "a school district may terminate a contract with a person or business entity if the district determines that the person or business entity failed to give

notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The district must compensate the person or business entity for services performed before the termination of the contract."

THIS NOTICE IS NOT REQUIRED OF A PUBLICLY-HELD CORPORATION

I, the undersigned agent for the firm named below, certify that the information concerning notification of felony convictions has been reviewed by me and the following information furnished is true to the best of my knowledge.

VENDOR'S NAME: _____

AUTHORIZED COMPANY OFFICIAL'S NAME
(PRINTED): _____

A. My firm is a publicly-held corporation, therefore, this reporting requirement is not applicable.

Signature of Company Official: _____

B. My firm is neither owned nor operated by anyone who has been convicted of a felony:

Signature of Company Official: _____

C. My firm is owned or operated by the following individual(s) who has/have been convicted of a felony

Name of Felon(s): _____

Detail of Conviction(s): _____

Signature of Company Official: _____

Section

4

Exhibits

Exhibit I

Covered Property

*(Insert a property schedule with values, age, and construction
for each building and/or property appraisal)*

Exhibit II

5 -Year Property Loss Runs

Exhibit III

5 -YEAR LOSS RUNS:

General Liability

Personal Injury Liability

Employee Benefits Liability

Exhibit IV

5 -Year Professional Legal

Liability Loss Runs

Exhibit V

Schedule Of Vehicles

& Bus Seating Capacities

Exhibit VI

5-Year Vehicle Loss Runs

Exhibit VII

5-Year Crime Loss Runs

Exhibit VIII

Schedule of Covered Equipment

Exhibit IX

5 -Year Equipment Breakdown Loss Runs

Exhibit X

5-Year Tax Assessor Bond Loss Runs

Exhibit XI

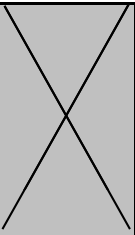
5 -Year Other Bond Loss Runs

Member	Aubrey ISD
--------	------------

**Texas Association of Public Schools
Property and Liability Fund**

Experience as of April 30, 2009

		Fund Year							Grand Total
Lines	Data	2001	2002	2003	2004	2006	2007	2008	
Automobile Damage (1st Party)	Incurred Total		0		5,082				5,082
	O/S Reserves		0		0				0
	Loss Reserves		0		0				0
	Expense Reserves		0		0				0
	Claim Count		1		2				3
	Open Claims		0		0				0
	Litigation		0		0				0
Automobile Liability	Incurred Total		1,781			888			2,669
	O/S Reserves		0			0			0
	Loss Reserves		0			0			0
	Expense Reserves		0			0			0
	Claim Count		1			1			2
	Open Claims		0			0			0
	Litigation		0			0			0
Educators Legal Liability	Incurred Total								0
	O/S Reserves								0
	Loss Reserves								0
	Expense Reserves								0
	Claim Count								0
	Open Claims								0
	Litigation								0
Equipment Breakdown	Incurred Total						19,559		19,559
	O/S Reserves						0		0
	Loss Reserves						0		0
	Expense Reserves						0		0
	Claim Count						1		1
	Open Claims						0		0
	Litigation						0		0
General Liability	Incurred Total							0	0
	O/S Reserves							0	0
	Loss Reserves							0	0
	Expense Reserves							0	0
	Claim Count							1	1
	Open Claims							0	0
	Litigation							0	0

Property	Incurring Total	0	6,308	145	8,430	0	0		14,883
	O/S Reserves	0	0	0	0	0	0		0
	Loss Reserves	0	0	0	0	0	0		0
	Expense Reserves	0	0	0	0	0	0		0
	Claim Count	1	1	1	1	2	2		8
	Open Claims	0	0	0	0	0	0		0
	Litigation	0	0	0	0	0	0		0
Total Incurred Total		0	8,089	145	13,512	888	19,559	0	42,194
Total O/S Reserves		0	0	0	0	0	0	0	0
Total Loss Reserves		0	0	0	0	0	0	0	0
Total Expense Reserves		0	0	0	0	0	0	0	0
Total Claim Count		1	3	1	3	3	3	1	15
Total Open Claims		0	0	0	0	0	0	0	0
Total Litigation		0	0	0	0	0	0	0	0

Aubrey ISD

Automobile Schedule

Legend

B = Bus
 T = Truck/Van
 P = Priv Pass
 Tr = Trailer

If Med Pay or UM is selected here, you must select "YES" on the Automobile Screen

↓ ↓
 ↓ ↓

Enter Cost New and Deductible for Coverage to Apply

#	Year	Make	Legend Code	ID (last 4)	Med Pay	UM	Physical Damage	
							Cost New	Deductible
1	2001	Chevy Suburban	T	3652	No	No	26,685	500
2	1985	Wells Cargo	Tr	8110	No	No	13,400	500
3	1999	Stock	Tr	7580	No	No	2,795	500
4	2003	Ford Crewcab	T	1664	No	No	21,919	500
5	2006	Ford F350	T	8017	No	No	27,172	500
6	2007	Chevy Suburban	T	1021	No	No	34,000	500
7	2007	Chevy Suburban	T	0284	No	No	34,000	500
8	2008	Elite Stock Trailer	Tr	0281	No	No	18,600	500
9	2006	GMC Sierra 2500	T	6704	No	No	19,750	500
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
32								
33								
34								
35								
36								
37								
38								
39								
40								
41								
42								
43								



Customer Experience Report

for Policy No: [8873172](#) (AUBREY ISD)

Click policy no above for detailed policy information

Policy Sym	Policy Period	Key Claim No	Feat No	Claimant Name	Loss Date	Reported Date	Loss State	Loss Type Desc	Claim Symbol Description	Occurrence Description	CLEE Location Cd	Loss Paid Amt	Expense Paid Amt	Incurred Amt	Reserve Amt	Status Desc
MAC	2008/09/01 to 2009/09/01	No Losses														
	Totals for: 2008/09/01 to 2009/09/01	0	0													
Totals for: MAC		0	0													
Report Totals		0	0													